

FOR INSPECTIONS CALL		GENERAL BUILDING PERMIT APPLICATION				PERMIT #	
						EXPIRATION	
ISSUING JURISDICTION		<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Inspection Agency#				Municipality# of Dwelling Location	
PROJECT LOCATION		Lot Area _____ Sq. ft.		Finished Project Value \$ _____		Parcel Number	
Building Address: _____				Subdivision Name: _____		Lot / Block No: _____	
Zoning District(s):	Zoning Permit No.:	Corner Lot <input type="checkbox"/> yes <input type="checkbox"/> no	Bldg. Height _____ ft.	Setbacks: Front _____ ft. Rear _____ ft.	Left _____ ft. Right _____ ft.		
Owner's Name		Mailing Address				Telephone	
						Fax	
Construction Contractor's Name		Wis. Lic.# Mailing Address				Telephone	
						Fax	
Plumbing Contractor's Name		Wis. Lic.# Mailing Address				Telephone	
						Fax	
Electrical Contractor's Name		Wis. Lic.# Mailing Address				Telephone	
						Fax	
HVAC Contractor's Name		Wis. Lic.# Mailing Address				Telephone	
						Fax	
Architect/Designer's Name		Wis. Lic.# Mailing Address				Telephone	
						Fax	
PROJECT DESCRIPTION		Does this project require any additional approvals or permits? <input type="checkbox"/> yes <input type="checkbox"/> no					
Addition:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft. <input type="checkbox"/> Erosion Control					
Detached Accessory Building:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft.					
Remodel:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft. <input type="checkbox"/> Erosion Control					
Electrical Service:		<input type="checkbox"/> Upgrade (Amp _____) <input type="checkbox"/> Temp (Amp _____) <input type="checkbox"/> New (Amp _____) <input type="checkbox"/> Feeder - sub (Amp _____) <input type="checkbox"/> Underground or Overhead					
Other:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft. <input type="checkbox"/> Erosion Control					
Commercial:		_____ sq. ft. involved _____ Total sq. ft. before expansion _____ Total sq. ft. after expansion					
Commercial:		_____ Does this project require plans? (inquire at jurisdiction)					
State of Wisconsin Plan Approval:		<input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)					
New Commercial:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control					
Commercial Addition/Alteration:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control					
INSTRUCTIONS							
Zoning - Obtain copy of setback information, regarding height, lot coverage, etc.							
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuances of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.							
APPLICANT'S SIGNATURE _____				DATE SIGNED _____			
APPROVAL CONDITIONS		This permit is pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.					
_____ _____ _____							
Fees:		Permit(s) Issued		Permit Issued By:			
Construction	\$ _____	<input type="checkbox"/> Construction		Name: _____			
Plumbing	\$ _____	<input type="checkbox"/> Plumbing		Date: _____ Telephone: _____			
Electrical	\$ _____	<input type="checkbox"/> Electrical		Certification No.: _____			
HVAC	\$ _____	<input type="checkbox"/> HVAC					
Zoning	\$ _____	<input type="checkbox"/> Erosion Control					
Other	\$ _____	<input type="checkbox"/> Other					
Total Permit Fee	\$ _____						

Distribution: White - Issuing Jurisdiction Canary - Inspector Pink - Assessor Gold - Applicant